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UTILITY				Atto	rney Docket	No.	PC26098A			
PATENT APPLICATION					t Inventor	·	Charles Price Taylor Jr.			
TRANSMITTAL							METHOD OF TREATMENT FOR SEXUAL DYSFUNCTION			
(Only for new nonapplications under 37C.F.R. §1.53(b))								1037 US		
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.					Mail Stop Patent Application Commissioner for Patents Box 1450 Alexandria, VA 22313-1450					
For CO	Applicant claim See 37 CFR 1 Specification (preferred arrar - Descriptive - Cross Refe - Statement II - Reference to or a comput - Background - Brief Summ - Brief Descrit - Detailed	[Total Page ingement set forth below ititle of the Invention rences to Related Appl Regarding Fed sponsor to sequence listing, a tater program listing apply of the Invention in the Disclosure U.S.C. 113) [Total sheet attorn [Total page executed (original or comma prior application (37 of the prior application, statement attached deleted in the prior application, state Sheet under 37CFR 1.7	ications red R&D able, endix (if filed) ets 1] opy) CFR §1.63(d)) ox 18 completed) ENTOR(S) ting inventor(s) ee 37 CFR 1.76 opropriate box, and so 6. Continuation forer fore disclosure of the p	n-in-par	ADDRESS TO: Commissioner for Patents Box 1450 Alexandria, VA 22313-1450 7.					
The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts 19. CORRESPONDENCE ADDRESS										
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	NAME (Print/type) Signature	A. Dean Olson	Regis	tration No. (Attorney/. Date	Agent)	12/2/03			

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FEE TRANSMITTAL						Application Number To Be Assigned							
for FY 2004						Date	_		He	Herewith			
		First N	lamed Inve	entor		Ch	arles Price Tayl	or Jr.					
Effective 10/01/20	ion.						To Be Assigned						
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2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE Extra Claims Fee from Fee Paid						1,330 480	2501 2502	665 240	Utility issue fee (or reissue) Design issue fee				
below Total Claims 41 - 20** = 21 x 18 = 378.00						640	2503	320	Plant issue fee				
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1201 86	2201	43	Independent claims in e	excess of 3	1810	770	2810	385	(37 CFR 1.129(a)) For each additional invention to be				
1203 290	2203	145 Multiple dependent claim, if not paid			1801	770	2801	385	examined (37 CFR 1.129(b)) Request for Continued Examination (RCE)				
1204 86	2204	43 **Reissue independent claims over			1802	900	1802	900	Request for expedited examination				
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SUBMITTED BY Name (Printed/Type) A Dean Olsen						tration No.	21 -		ompiete i	f applicable)	(860)441	1901	
Name (Printed/Type) A. Dean Olson					Registration No. (31,185 Telephone (860) (Attorney Agent)					(000)441	1		
Signature			1 soulle								1272	103	

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